2017 Saskatchewan Practice Owners Economic Survey

Your Information: Providing identifying information is optional. In order to provide you with a personalized Practice Diagnostic Report, we require identifying information. Submitting a copy of your financial statement is also optional. In return for providing a financial statement, you will receive a detailed comparison of expenses and a complimentary practice value estimate that shows how much your practice is worth from a cash flow perspective. All information will be kept strictly confidential.

Please send your completed survey along with your financial statements to:

OVMA Research Department, 420 Bronte St South, Suite 205, Milton ON L9T 0H9

The deadline for completing the survey is October 20, 2017.

If you have any questions or concerns, please contact Darren Osborne or Terra Shastri.
Telephone: 800.670.1702 Confidential Fax: 877.482.5941
email: dosborne@ovma.org or tshastri@ovma.org

Please indicate the type of report you would like to receive:

- I would like to receive a full report. I have included a most recent financial statement (showing revenue and a breakdown of expenses).

- I would like to receive a partial report. I have included gross revenue information, but I have not included a financial statement.

- I will fill out the survey, but will not provide identifying information.

For Office Use Only: □ Financial Statement Included □ Revenue/sq ft/invoices/clients
□ Non DVM/DVM Hours □ Email preliminary report
2017 Saskatchewan Practice Owners Economic Survey

If you own two or more practices we recommend you complete a separate survey for each practice.

1. Please indicate how you would prefer to receive your confidential report:

☐ confidential email: _______________________________________________________

☐ confidential mailing address: _______________________________________________

(if different from practice) __________________________________________________

Practice Name: _________________________________ Practice Owner: _______________________
Phone: _________________ Fax: ___________________ Contact: _____________________________

2. Which of the following types best describes your practice (check one)?

☐ Exclusively small animal 1 ☐ Exclusively large animal 6
☐ Mixed animal practice 2 ☐ Bovine only 7
☐ Equine only 3 ☐ Specialty practice 8
☐ Exotic only 4 ☐ Emergency hospital 9
☐ Feline only 5 ☐ Other ________________________

3. In what area is your practice located?

☐ 1 On or South of Trans Canada Highway (includes Regina)
☐ 2 East of Highway 11 and North of Trans Canada Highway
☐ 3 West of Highway 11 and North of Trans Canada Highway (includes Saskatoon)

Other __________________________________________________
Your Clients

Information on the number of clients in your practice can provide valuable information on how much each client is spending at your practice over the course of a year and how often they are visiting your practice.

*Active Clients:* This information can come from your *Year End Day Sheet* or the *Number of Active Clients* in your computer. Be sure not to confuse the number of clients with the number of invoices. The number of clients will be different than the number of invoices. For example, Mrs. Smith visited the veterinarian 15 times last year - three times for medical care and treatment and 12 times to purchase food. Mrs. Smith should be counted as one active client and she was responsible for 15 invoices.

*Active Client Period:* Please count clients who have been to your clinic in the last 12 months as Active Clients. Some systems consider any client who has had a transaction in the last 12 months to be an active client, while other systems count all clients who have a transaction in the last 18 or 24 months as active. To accurately provide you with revenue per client and client visits per year, provide information for active clients for the last 12 months. *If you have any questions about your active clients, please contact your software representative or call Chris Doherty at the OVMA office for instructions.* Phone: 800.670.1702 or email: cdoherty@ovma.org. Having trouble? Visit [ovma.org/survey/](http://ovma.org/survey/) for step by step instructions.

4. What practice management software do you use? ____________________________________

<table>
<thead>
<tr>
<th>Companion Animal</th>
<th>Food Animal</th>
<th>Equine</th>
<th>Total (can’t separate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

5. Active Clients **in last 12 months**

6. New Clients **in last 12 months**

7. Invoices (medical & non-medical) **in last 12 months**
Financial Statement Information

Please submit a copy of your most recent 12-month financial statement (either the statement from your accountant or an internal statement showing a breakdown of your expenses) as this is required in order for you to receive a full report on your practice. To accurately compare all practitioners, information about your practice is needed to supplement your financial statements. Since some practitioners own and some rent their facilities, owners need to be converted to renters. Additionally, adjustments for income splitting need to be made so the net income for the practice is accurate. If necessary, a researcher will contact you by telephone to confidentially discuss any adjustments to your financial statement.

8. Has your practice been open more than two years?
   Yes □ No □

9. What is the total practice square footage? __________ sq ft

10. Do you pay rent?
    Yes, I pay rent □ (skip to next question) No □ (if “No,” indicate fair market rent or facility size?)
        → Fair Market Rent $___________ Don’t Know □
        → Square Footage ____________ Don’t Know □

11. What was your total veterinary revenue for the 12 month period reported? $______________

12. Please indicate your sources of revenue:

   Revenue from companion animal professional (non retail) services $______________
   Revenue from companion animal food sales $______________
   Revenue from companion animal drug and medication sales $______________
   Food producing and equine professional services $______________
   Food producing and equine drug sales $______________
   Other __________________________ $______________
Your Small Animal Fees

Consultation: complete physical exam of a patient................................................................. $______

How long is your “annual” physical exam? ____________________ minutes

X-ray fee for set-up / 2 plates: Imaging, developing and interpreting two radiographs .......... $______

Complete Blood Count with Differential: include cost of lab and interpretation .................. $______
This fee does not include sample collection.

Heartworm test: include sample collection, cost of lab and interpretation ......................... $______

Blood collection: ..................................................................................................................... $______

Complete urinalysis: does not include collection fees ......................................................... $______

Annual examination and canine vaccine(s): ................................................................. $______
Your most common fee for examining and vaccinating an adult dog with a rabies vaccine and/or a distemper combination vaccine.

Annual examination and feline vaccine(s): ................................................................. $______
Your most common fee for examining and vaccinating an adult cat with a rabies vaccine, and a combination (panleukopenia, rhinotracheitis, and calicivirus) vaccine, excluding leukemia.

Anesthetic fee for induction / 30 minutes gas ..................................................................... $______
Including general anesthesia, intubating, maintaining, and monitoring a 30 pound (13.5 kilogram) dog on gas anesthesia for a period of 30 minutes.

General nerve block: one site ................................................................................................ $______

Surgery fee per 10 minutes ................................................................................................. $______
Non-routine soft tissue surgery such as a lumpectomy for a period of 10 minutes.
This fee does not include the services associated with equipment, assistants or anesthetics.

Canine spay: immature dog weighing 30 pounds (13.5 kilograms) .................................. $______
Indicate which of the following are included in your canine spay fee:  
☐ preoperative blood work  
☐ intra-operative IV fluids

Canine neuter: immature dog weighing 30 pounds (13.5 kilograms) ............................... $______
Which of the following are included in your canine neuter fee:  
☐ preoperative blood work  
☐ intra-operative IV fluids
Your Small Animal Fees

Feline spay: immature cat.................................................................................................. $______
Which of the following are included in your feline spay fee:
 preoperative blood work
 intra-operative IV fluids

Feline neuter: immature cat ............................................................................................... $______
Which of the following are included in your feline neuter fee:
 preoperative blood work
 intra-operative IV fluids

Feline dental prophylaxis
Total fee for dental exam, anesthesia, cleaning/polishing and hospitalization .................... $______

Isolated fee for dental cleaning and polish – grade 1 (not including any other services)..... $______

Isolated fee for dental x-ray (2 views) .............................................................................. $______

Cystocentesis .................................................................................................................. $______

Intravenous fluids - set-up / 24 hours ............................................................................. $______
All services and supplies to place a patient on one liter of intravenous fluids for 24 hours. The fee includes monitoring but not the use of an intravenous pump.

Euthanasia (elective) ....................................................................................................... $______
The service includes 15 minutes of a doctor's time, necessary staff time, cephalic catheterization and medication in an exam room setting.

Overnight hospitalization ................................................................................................. $______
30-pound dog that is admitted in the afternoon for minor surgery and discharged from the hospital the next morning.

Pet Food markup (average markup for prescription or maintenance diets) ................ Cost X________

Pharmacy markup (for prescription drug that cost less than $20) .............................. Cost X________

Dispensing fee .................................................................................................................. $______

Laboratory markup (for laboratory procedure sent to a referral lab) ......................... Cost X________

over
Your Non-DVM Staff

13. Please provide the following information about Non-DVM staff. If a staff member, performs more than one duty, please indicate their dominant role. If staff is a family member please put an “F” in the Family Member column. Please do not include employee benefits (eg. health & dental ins., uniform allowance, vacation pay etc).

<table>
<thead>
<tr>
<th>Code</th>
<th>Family Member</th>
<th>Years Employed</th>
<th>Hours Worked per Week</th>
<th>Vacation Weeks per Year</th>
<th>Hourly Wage</th>
<th>Annual Salary</th>
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*Attach additional sheet if necessary

14. Which of the following benefits do non-DVM staff generally receive? (check all that apply)

- [ ] health and dental insurance
  - Hospital Share: __________%
  - Staff Share: __________%
- [ ] pet insurance
  - Hospital Share: __________%
  - Staff Share: __________%
- [ ] veterinary care discounts
  - Hospital Share: __________%
  - Staff Share: __________%
- [ ] veterinary products discounts
  - Hospital Share: cost+____%
  - Staff Share: cost+____%
- [ ] dues (voluntary association)
  - Hospital Share: __________%
  - Staff Share: __________%
- [ ] license/certification
  - Hospital Share: __________%
  - Staff Share: __________%
Your DVMs

15. Please provide information for all veterinarians in the practice including owners, associates and locums. Please do not include employee benefits (i.e. health & dental plans, uniform allowance, vacation pay etc.). For Hours Worked per Week, please do not include lunch or hours worked while on call.

Codes:  O= owner  A= associate (includes full & part-time contractors)  L= locum (temporary relief)

<table>
<thead>
<tr>
<th>Code</th>
<th>Years Employed</th>
<th>Hours Worked per Week</th>
<th>Vacation Weeks per Year</th>
<th>Hourly Wage</th>
<th>Annual Salary</th>
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*Attach additional sheet if necessary

16. In 2017, did you hire a locum (relief veterinarian) to temporarily replace a DVM away on holiday, course, etc.? Do not include regular part-time veterinarians paid as independent contractors.

If yes, how much did you pay for your locum in 2017?  $ __________ per hour
## Current Equine Fees

### Type of Practice (check all that apply)
- Racetrack-Std
- Racetrack-TB
- Reproductive Primarily
- Mixed Equine
- Referral
- Performance (Hunter/Jumper/Dressage)
- Western Performance Horses

### Markup on Meds (eg. Cost X 1.6)

### Markup on External Lab (eg. Cost X 2.0)

### Call Fees - how much you would charge with the following scenarios (unless specified, do not include mileage)

- Daytime less than 35 km: $_______
- Daytime 35 to 50 km: $_______
- Daytime more than 50 km: $_______
- Emergency call (working hrs): $_______
- After hours call at 8:00 pm: $_______
- For after hours fees, do you generally charge:  
  - a surcharge
  - all inclusive
  - $_______
  - Weekend call (call plus surcharge): $_______
  - After hours call at 3:00 am: $_______

### Professional Services
- Professional Fee per Hour: $_______
- Telephone Consultation: $_______
- Euthanasia (not including cost of drugs): $_______
- Referral Consultation: $_______

### Exams
- Pre-purchase clinical exam only: $_______
- General Physical Exam: $_______
- Endoscopic (no sedation): $_______
- Insurance Exam: $_______
- Ophthalmic Exam: $_______

### Anesthetic - 1,000 lb horse
- General IV Xylazine + Ketamine: $_______

### Radiology
- 4 views: $_______
- Is the x-ray in your practice generally:  
  - digital CR
  - digital DR
  - conventional

### Procedures - *excluding all drugs, sedation and anesthesia*
- Castration* 700 lb yearling: $_______
- Castration*1200 lb mature quarter horse: $_______
- Ultrasound Tendon: $_______

### Health Papers (export to USA)
- Exam & Filled out (no gov't charges): $_______
**Current Equine Fees (con't)**

**Colic** - indicate how you would charge for the following colic scenario

*10:00 pm call to location 30km away / total call time 45 minutes*

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Call Fee</td>
<td>$________</td>
</tr>
<tr>
<td>IV Xylazine (5ml)</td>
<td>$________</td>
</tr>
<tr>
<td>Pass Stomach Tube</td>
<td>$________</td>
</tr>
<tr>
<td>IV Flunixin Meglumine (10ml)</td>
<td>$________</td>
</tr>
<tr>
<td>Colic Exam (rectal exam)</td>
<td>$________</td>
</tr>
</tbody>
</table>

**Dentistry (not including the cost of sedation and pain management)**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Hand Float (brood mare)</td>
<td>$________</td>
</tr>
<tr>
<td>Wolf Tooth Extraction (x2)</td>
<td>$________</td>
</tr>
<tr>
<td>Basic Power Float (brood mare)</td>
<td>$________</td>
</tr>
<tr>
<td>Hook Removal (per hook)</td>
<td>$________</td>
</tr>
</tbody>
</table>

**Reproductive Services-unless noted, assume each procedure is performed on individual animal**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound/Rectal (pre-breeding)</td>
<td>$________</td>
</tr>
<tr>
<td>Ultrasound Pregnancy Exam</td>
<td>$________</td>
</tr>
<tr>
<td>Rectal Preg Check (&gt;35 days)</td>
<td>$________</td>
</tr>
<tr>
<td>Al- Fresh Semen (not including sedation)</td>
<td>$________</td>
</tr>
<tr>
<td>Caslicks (local incl.)</td>
<td>$________</td>
</tr>
</tbody>
</table>

**Lameness- indicate what you would charge for the following Joint Injections (not including call fee)**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve Block - PDN</td>
<td>$________</td>
</tr>
<tr>
<td>Joint Injection (not including medication)</td>
<td>$________</td>
</tr>
<tr>
<td>Joint Block Including Anesthetic</td>
<td>$________</td>
</tr>
<tr>
<td>Lameness Exam</td>
<td>$________</td>
</tr>
</tbody>
</table>

Joint injection fees generally includes drugs

- [ ] Yes
- [ ] No

**Laboratory**

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coggins EM Test</td>
<td>$________</td>
</tr>
<tr>
<td>Fecal Floatation</td>
<td>$________</td>
</tr>
<tr>
<td>CBC</td>
<td>$________</td>
</tr>
<tr>
<td>CK/AST</td>
<td>$________</td>
</tr>
<tr>
<td>CBC &amp; Chemistry Profile</td>
<td>$________</td>
</tr>
<tr>
<td>Progesterone</td>
<td>$________</td>
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</tbody>
</table>

**Injections - unless noted, procedures include injection fee**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Injection Fee (IM)</td>
<td>$________</td>
</tr>
<tr>
<td>IV Catheterization</td>
<td>$________</td>
</tr>
<tr>
<td>Injection Fee (SQ)</td>
<td>$________</td>
</tr>
<tr>
<td>Injection Fee (IV)</td>
<td>$________</td>
</tr>
</tbody>
</table>

**Vaccinations & Drugs**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Markup for OTC Prescription cost x ___</td>
<td>$________</td>
</tr>
<tr>
<td>Rabies</td>
<td>$________</td>
</tr>
<tr>
<td>Flu/Rhino</td>
<td>$________</td>
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<tr>
<td>Tetanus</td>
<td>$________</td>
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<tr>
<td>West Nile</td>
<td>$________</td>
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</table>

**Surcharges - indicate what you charge for the following procedures**

- if you have charged for the procedure in the last year

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>Biohazardous Waste Fee</td>
<td>$________</td>
</tr>
<tr>
<td>Sterile Joint Prep Fee</td>
<td>$________</td>
</tr>
<tr>
<td>Telephone Consultation</td>
<td>$________</td>
</tr>
<tr>
<td>Blood Collection Fee</td>
<td>$________</td>
</tr>
<tr>
<td>Fee for Referral Consultation</td>
<td>$________</td>
</tr>
<tr>
<td>Laboratory Interpretation Fee</td>
<td>$________</td>
</tr>
</tbody>
</table>
**Current Bovine Fees**

**Call Fees**

- Mileage/Driving Time (per km) $___________ per km on way
- Minimum Mileage Fee $___________ per call □ not applicable
- Municipal subsidy received □ Yes □ No
- If yes, how much do you receive $___________

**Exam/Call Fee** $___________ start time finish time

- After Hours Call Fee Surcharge "A" $___________ from ________ to ________
- After Hours Call Fee Surcharge "B" $___________ from ________ to ________
- After Hours Call Fee Surcharge "C" $___________ from ________ to ________

**Hourly Rate**

<table>
<thead>
<tr>
<th></th>
<th>field</th>
<th>clinic</th>
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<tbody>
<tr>
<td>Regular Hourly Rate</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>After Hours Hourly Rate</td>
<td>$___________</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**Laboratory**

- Culture $___________ each
- Fecal $___________ each
- Blood Collection Fee (single) $___________ each

**Surgery**

*Please include material fees, disposables, anesthesia, and drugs administered.*

*Do not include mileage, call fees or drugs dispensed.*

- Calf (150 lb) laparotomy $___________ total
- Caesarean $___________ total
- Caudal Urethrostomy $___________ total

**Reproduction**

*Please indicate what your fee would be for the following scenarios.*

- Semen Testing (single) $___________ per head
- Semen Testing (five head) $___________ per head
- Semen Testing (ten head) $___________ per head
- Semen Testing (60 head) $___________ per head
- Pregnancy Testing (single) $___________ per head
- Pregnancy Testing (five head) $___________ per head
- Pregnancy Testing (ten head) $___________ per head
- Pregnancy Testing (60 head) $___________ per head
- Pregnancy Testing (100 head) $___________ per head
- Pregnancy Testing (200+ head) $___________ per head
- Dystocia - basic (limb flexion) $___________ include materials - not mileage
- Dystocia - difficult (calf jack) $___________ include materials - not mileage
- Dystocia - very difficult (fetotomy) $___________ include materials - not mileage
Current Bovine Fees (con't)

**Professional Services**

Intravenous Injection $___________ not including product
Ration Formulation $___________ each
Herd Production Monitoring $___________ per hour
Adult Post Mortem Inspection (complete) $___________ each

**Sales Markup**

Estrumate - 10 ml cost x ______ done
Cefa Lak SYR * 12 - 10 ml syringes cost x ______
Micotil - 100 ml cost x ______ done
Trimethoprim-sulpha - 100 ml cost x ______ eg. If your markup is 60%, put cost x 1.60
IBR, PI3, BVD, BRSV modified live - 10 dose cost x ______
Oxytetracycline LA-500 ml cost x ______ done
Draxxin - 100 cc cost x ______ done
Calcium Magnesium - 500 ml cost x ______
Procaine-G-Pen-250 ml cost x ______
Endectocide - 5 litre pour on cost x ______

**Annual Bovine Procedure Frequencies**

Please indicate the total number of procedures (per year) for the following procedures

**Reproduction**

Semen Testing __________ total head tested
Pregnancy Testing __________ total head tested
Dystocias __________ total head
Caesareans __________ total
Export Testing __________ total head tested

**Hourly Rate**

Hours billed (as hourly rate) __________ total hours